

## Case Report

## Case Report on Psychotherapy for Pathological Gambling

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## Abstract

Conceived as a social or psychological addiction, pathological gambling, is worldwide a health workers concern. Its high prevalence and increasing incidence, along with the growing offer of game possibilities, portrays a not very easy future. In Uruguay, attending to these risk factors was established in 2009, under an agreement between Medicine School (UdelaR) and National Casinos Management, a free program for the "Prevention and Treatment of Pathological Gambling", currently, coordinated by the Department of Medical Psychology. The program carries out its assistance activities at the University Hospital "Dr. Manuel Quintela". The aim of the program is that patients with gambling problems achieve continuous abstinence during two years. To achieve this goal, patients should have reached an adequate level of self-control against the harmful behavior exhibited when entered to the program. It involves the patient solving some issues that go beyond the gambling problem, and linked with history of life. It is based on a psychotherapeutic group approach, on weekly frequency, and with co-therapy, two psychotherapists (Psychologists). Intervention strategies are part of an integrative approach in psychotherapy. It also pursues a didactic purpose. It provides the patients with tools through which they could restructure their lives, in order to find new meanings for their lives. The working group is complemented by psychiatrist consultation, self-exclusion request (resource that restricts someone to going into a gambling room) and bi-monthly meetings with family or referents.

**Keywords:** Pathological gambling; Social addiction; Psychotherapy; Co-therapy; Integrative approach

## Case Presentation

Susana Martinez is a 71-year-old woman. Divorced, she has two sons aged 48 and 44 and two grandsons aged 16 and 6. She lives alone and she works as an administrative clerk at a Health Center Laboratory. She is a high school graduate. The patient requested the "Prevention and Treatment of Pathological Gambling" program (Dr. Manuel Quintela University Hospital, Montevideo, Uruguay), through a 0800 phone number, being registered on the waiting list as a candidate to participate in a group therapy device. In the meanwhile a psychiatrist of the program held occasional meetings with her.

Psychiatrist First Interview (February 4<sup>th</sup>, 2013)

The patient exhibits such symptoms as anxiety and depression.

## Biomedical History

Hypertension. Diabetes. Cholesterol. Hypothyroidism.

## Psychiatric History

See Table 1.

She expresses:

*"I'm not able to pay my debts".*

*"I do not have to eat".*

*"For several months I have been taking out loans, I currently have 10".*

*"I could not leave the room with any money left. I had to lose it all, then, I could leave".*

Second Interview with Psychiatrist (February 25<sup>th</sup>, 2013)

The patient expresses: "I got another \$ 400 credit. Now I have an \$800 debt. I think they will leave me in the "Clearing" (Official list of no-payers, people who are in this list do not receive credit from the banks).

"I asked my youngest son for help. He took away all my credit cards".

## Life History Facts

See Table 2.

The psychiatrist kept spaced interviews until the patient is admitted into a psychotherapy group.

Table 1:

|                   |  |
|-------------------|--|
| 15 years old      | Suicide Attempt with Psychotropic Drugs.                                 |
| 26 years old      | Puerperal Depression.  |
| 33 years old      | Major Depressive Episode (she has had multiple episodes / no internment) |
| From 15 years ago | Medicated with antidepressant and hypnotic.                              |

**Table 2:**

|                     |   |
|---------------------|---|
| 12/29/1944          | Birth. Very dysfunctional family. Alcoholic father. Domestic Violence.                              |
| 1953 (9 years)      | Menarche. Left school. From then until 13 years old, she was sexually abused by her father.         |
| 1959                | Suicide attempt with Psychotropic Drugs.  |
| 1960                | Took school examinations to go to high school.  |
| 1962                | Met the father of her children.   |
| 1964                | She got married.  |
| 1967 (23 years old) | Her first son was born.   |
| 1970 (26 years old) | Her second son was born. Puerperal Depression.  |
| 1977(33 years old)  | Major Depressive Episode. She found out that her husband is unfaithful and she decides to separate. |
| 2010 (66 years old) | Went gambling for the first time  |
| 2011                | Her mom died  |
| 2012                | Began to attend Anonymous Gamblers.   |

## Selection Process

The patient attends three interviews. The psychotherapist collects information about the patient's gambling history, assesses her capacity to benefit from a therapeutic group work and from an educational perspective and observes the kind of bond established between them.

The patient is selected because of:

1. Her voluntarily attendance.
2. Her level of commitment (high level of self-demand).
3. Her real possibilities to attend the Health Center (she lives nearby).
4. Her very good capacity for self-reflection.
5. She reached the "contemplation stage" [1] regarding it's problematic.

## Personal History with Gambling

In 2010, she went gambling for the first time with two cousins who gambled in a controlled manner (social gamblers). She won. The second time she went alone.

The patient expresses:

*"I was engaged from the beginning".*

At that moment of entering into the program:

1. She attended the gambling room almost daily.
2. She would engage in gambling for 12 hours non-stop
3. She had come to lose \$400 in a day.
4. Always returned home to get more money to continue gambling.
5. She resorted to money she had reserved to pay bills.
6. She had requested loans from her family and she had not returned the money.
7. She had hidden her gambling problem from her family and friends.

8. She had tried to stop but she could not do it until she had lost everything in spite of feeling very guilty about gambling.

## Joining the Group (October 23<sup>th</sup>, 2013)

• **3 months later, the patient went back gambling** (January 1<sup>th</sup>, 2014)

The following stressful situation is identified: *his youngest son did not invite her to his birthday party.*

Conflict in the relationship with her children. She feels rejected and guilty because her eldest son cannot "move on in life" (he is not working, he has a child but he is unable to take care of him). The other son has problems with alcohol and he has been distant lately.

Therapists worked with the patient against the different situations that came up, favoring a more assertive behavior [2-4] (setting limits to the others, confront hypotheses, expressing what she thinks and feels, developing self-confidence). It shows up difficulties in their marriage (alcoholism, infidelity of her ex - husband) and the issue of sexual abuse by her father, fact that she had never told anyone.

Currently, her oldest son lives with her; he is working and has recovered healthy habits. Her youngest son was hiding her that his partner (mother of his child) had been unfaithful. He is separating.

• **5 months later, the patient went back to gambling** (July 20<sup>th</sup>, 2014)

The following stressful situation is identified: *a very dear friend of the patient dies.*

Fears about death and about her own death appear.

• **14 months later, the patient went back to gambling** (November, 20<sup>th</sup>, 2015)

The following stressful situation is identified: she found out that a friend who had abandoned her after knowing she had problems with gambling (fact that had hurt her a lot), was dying of cancer.

In therapy, the patient's feelings and thoughts related to her friends illness where explored. They could identify the presence of this thought *"You rejected me when I had problems with gambling and now look what's happening to you."* The patient felt immense guilt, what made her gamble.

The therapist works with the “A, B, C of Human Behavior” [5] and negative emotion management, helping the patient to forgive her friend and forgive herself.

## Discussion/Conclusion

The patient “uses” gambling, as a way to handle stressful life situations, unable to connect with negative emotions and escaping from loneliness [6-8]. We understand compulsive gambling as a symptom, the “tip of the iceberg” of a life story that is often signed by abuse, domestic violence, unresolved grief, relationship problems, and financial problems. We work from an integrative [9] and trans-academic approach in psychotherapy, using theoretical concepts and techniques from different disciplines as cognitivism, psychoanalysis, psychodrama, communication sciences, psycho-immuno-endocrinology. As well as a “toolbox” [10], that includes [11-24].

1. Control techniques and response prevention.
2. Relaxation and meditation techniques to connect with emotions and regulate anxiety and stress.
3. Restructuring irrational beliefs and distortions of information processing (statistical probability of winning)
4. Social and communication skills training.
5. Techniques of artistic expression
6. Psychodrama techniques

In this case, therapists worked on the several relapses the patient had, based on the principle of “A.B, C of Human Behavior” [5] and the History of Patient Life [25].

This principle allowed them analyzing the behavior of gambling again (recurrences). Therapists sought to identify with the patient, the different elements involved:

- **The trigger event:** what happened? (Recapitulation of the circumstances in which the act of gambling is presented).
- **The emotional response to the event:** what did you feel in that moment? (Identification of emotions).
- **The interpretation of the event/adjustment to reality:** what did you think? (Irrational ideas/distortions in information processing).
- **The link with the patient life history:** what does this situation have to do with your personal story? (Traumatic situations).

The work done, let the patient “see and think by herself “. The development of self-observation and self-reflection [26] allowed the patient to:

1. Work stressful and traumatic life situations.
2. Improve personal, relational and economic aspects of her life.
3. Strengthen the motivation to change stereotypic (harmful) behavior [27,28].
4. Show new, creative (healthy) behavior [29].

Evaluation of the process by the own patient:

Therapist: What does having come to the group mean to you?

Patient: A big change.

T: What changed?

P: All.

T: Can you tell us what changed?

P. “Before I came to the group, when I thought about me, I thought I was a bad person”, “I learned to connect with what I feel”, “I changed my appearance. My closet was full of clothes and I did not use them. Now, I care, I go to the hairdresser and I enjoy it”

“The mood. I feel good. I’m happy”.

“When asked me where I had heard the word “resilience” [30] and we talked about what it was, I realized everything I had done alone. I knew the meaning of that word, but I was unable to see it in myself. “I learnt a lot here”.

“I am charging more than my salary. When I came here, I did not have money to eat”

As a final conclusion, today, nine months after the last recurrence, the patient has not gambled again. She is also very committed to achieve two years of abstinence. Therapists are confident that she can achieve her goal.

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